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INDICATION FORM**

Application Number	10/627,286
Filing Date	July 24, 2003
First Named Inventor	William T. Rogers
Title	Electromagnetic Brain Animation
Art Unit	3735
Examiner Name	John P. Lacyk
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Wendy Knight	
The Knight Law Firm	
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Houston, Texas 77008	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	The Behavior Research Institute				
Address	Southwest Medical Center 3614 Hunters Circle				
City	San Antonio	State	Texas	Zip	78230
Country	USA				
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Wendy R. Rogers</i>	Date	Feb. 12, 2007
Name	William T. Rogers	Telephone	210-408-7639
Title and Company	Director, Behavioral Medicine, Behavior Research Institute		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted